

13th Annual WorldFest September 4-7, 2015 Labor Day Weekend Downtown Louisville

"Selected as one of Southeast Tourism Society's Top 20 Events for the month of September"

Payment for your booth plus all additional documents must be paid in full and submitted by July 10, 2015. *Late applications subject NOT to be accepted.

Food Vendors will need:

- Payment for booth space
- Valid Revenue Commission Number (502-574-4900)
- Certificate of Insurance (see insurance requirements attached)
- Health Permit (502-574-6520)

Craft Vendors will need:

- Payment for booth space
- Valid Revenue Commission number (502-574-4900)

IF ALL DOCUMENTS ARE NOT SUBMITTED, VENDOR APPLICATION WILL BE DISCARDED. NO REFUNDS WILL BE OFFERED.

WWW.WORLDFESTLOUISVILLE.COM

Booth Options (circle one)

Food

A booth for selling any food items.

Craft

A booth for selling craft items or merchandise.

Information

A booth to display and disperse literature and/or information.

- Non-profit organization
- For-profit organization

Name of Primary Contact: ___

2015 WorldFest Vendor Application

Booth Name:	Country Represented:		
Primary Phone:	Secondary Phor	ne:	
Email Address:	Website:		
Mailing Address:	City:	State Zip	
Have you been a vendor at WorldF Louisville Revenue Commission Nu			
Circle years you have participated	2014 2013 2012 2011 2010	2009 2008 2007 2006	2005 2004
Booth Space Reference (please circ	le or indicate which booth is applic	cable to you):	
	Regular Application Friday, July 10	Late Application Friday, July 17	
Food Booth (please attach menu)	\$725	\$800	
Craft Booth	\$350	\$425	
Information Booth - Non-Profit Organization	\$125	\$175	
Information Booth – For-Profit Organization	\$1,500	\$1,875	
Booth space includes one 10' x 10 I am interested in bringing my ow	•	chairs.	
Weight: <u>lbs.</u> Dimensions: (*Cost will depend on the size and loca		ng Side: Front / Back / (Please ci	
Electrical Needs: Please list the types of <i>all</i> electrication NOTE: MAXIMUM POWER PER VE		ing (refrigerator, freez	zer, etc.). PLEASE
Vendors must bring two 100' heav	y-duty outdoor extension core	ds.	
Electrical Equipment Wa	ts Volts Amps	120V 240V	V

Vendor Information

Basic Festival Information

WorldFest is the region's premier international festival, attracting more than 100,000 attendees during the four-day event. This free annual festival located on the Belvedere in downtown Louisville occurs during Labor Day weekend. The event features local, regional and national entertainment, quality arts and crafts, a wide variety of international foods, Parade of Cultures and naturalization ceremony.

Juried Information for Vendors

All applications for 2015 will be reviewed to ensure applications are consistent with the purposes and objectives of the festival as stated in the rules and regulations and to ensure few, if any duplications.

• Food vendors are required to submit a menu with their application; your application will be judged on your menu, therefore menu items are not allowed to be changed before or during the festival.

Health Regulations

A \$25 Louisville Metro Department of Public Health and Wellness temporary food service permit is required for food vendors. The permit application must be filled out and returned to the Health Department, 400 E. Gray Street, Louisville, KY 40202. The Health Department will issue the permit. Food vendors are required to attend a food service training which will be scheduled prior to the event. If you have questions regarding the permit, please call (502) 574-6520.

2015 Festival Location, Dates & Times

The Belvedere – Fifth and Main Street Friday, Saturday, Sunday, Monday September4-7, 2015 Friday-Sunday- 11a.m.– 11p.m. Monday- 11a.m.-7 p.m.

Important Deadlines

Friday, July 10 Regular Application
Friday, July 17 Late Application
Friday, August 14 Application Status confirmed via email and/or mail

Rules and Regulations

All FOOD vendors must have a certificate of insurance with \$1,000,000 minimum general liability naming Louisville Metro Government as additional insured AND 2,000,000.00 aggregate liability.

All vendors must be registered and in good standing with the Louisville Revenue Commission. Form attached. The Kentucky Department of Revenue Services imposes a 6% sales tax on all retail sales made within the Commonwealth. If you are selling food or merchandise during the festival, a Tax Remittance Form will be given to you on the day of event.

Vendors must bring their own clip lights to illuminate their booth during evening hours. These can be purchased at any local hardware store.

WorldFest continues rain or shine, so please keep yourself up to date on the predicted weather during the festival and bring appropriate weather related gear to the event.

WorldFest is not responsible for lost, stolen or damaged goods.

If approved, NO REFUNDS will be given for submitted applications.

Space assignments are made at the discretion of the event staff.

All food vendors must provide a Type K portable fire extinguisher. Booths without an extinguisher will be shut down until vendor is in compliance.

Roofing paper must be provided by all food vendors using appliances that produce grease and or any other bi-product.

Vendors must remain open Friday-Sunday- 11 a.m. - 11 p.m. and Monday- 11 a.m.-7 p.m.

Payment Options:

To Louisville Metro Government Check: (Make payable to Louisville Metro) Visa or Master Card Money Order Cashier's Check

I have read and understand the rules and regular document. If application is approved, (vendor		orldFest rules as listed in this
fees and additional incurred expenses.	_ agrees to participate in WorldFest 2015 and	to be responsible for all booth
Signature	Print Name	_ Date
HOLD HARMLESS CLAUSE: The Vendor shall indemnify, hold harmless, an appointed officials, employees, agents and suc attorneys' fees, arising out of or resulting, dire	ccessors in interest from all claims, damages, I	losses and expenses including
Signature	Date	

Applications with payments must be accompanied with the following:

Certificate of insurance (Food ONLY), menu (food), and be in good standing with the revenue commission.

*if are not registered with the revenue commission, please complete the attached form and send with your application.

PAYMENTS WILL NOT BE ACCEPTED WITHOUT BEING IN GOOD STANDING WITH REVENUE COMMISSION, INSURANCE AND MENU.

Please send INFORMATION to:

2015 WorldFest

Mayor's Office of Special Events
Louisville Metro Hall
527 W. Jefferson, Ste. 101
Louisville, KY 40202
(502) 574-5011 • (502) 574-5998(fax)
www.worldfestlouisville.com

If you do not receive a confirmation within two weeks of sending in your application, please contact Kara Mackey at (502) 574-5316 or at Kara.Mackey@louisvilleky.gov

Frequently Asked Questions Fire Code and Cooking Tents

- Q) What constitutes "cooking"?
- A) If you use a heat source to make food, the fire code may apply to you. Any use of propane burners of any type for any purpose, even just to heat water, is considered "cooking". Solid fuel, such as wood or charcoal grilling/smoking, is also a type of cooking. Electrical devices such as grills or deep fryers are included.
- Q) I sell food that is prepared off site, but use Sterno-type heaters to keep it warm. Is that cooking?
- A) No, but you are still required to have a fire extinguisher.
- Q) I cook food in my tent. What type of tent must I have?
- A) Any tent used for cooking must have a certification describing the flame-resistance of the fabric. Consult with the supplier of the tent to obtain this certification. Examples of acceptable certifications include a label with NFPA 701 or California State Fire Marshal approvals. If the label is no longer present, then paper documentation is acceptable. If the supplier is not able to provide the documentation, the tent/canopy is probably not approved for cooking.
- Q) I cook in my tent. How far must it be from tents without any cooking?
- A) 20 feet. This distance, in addition to the flame resistant fabric, provides a buffer so that flame will not spread from one tent to another in a long row of adjacent tents.
- Q) I use propane cylinders. What rules apply?
- A) All fittings must be tight and leak-free! This means that you have personally checked each fitting by spraying it with soapy water and ensuring that there are no leaks.

All cylinders must be secured from damage. This means they must be chained or tied securely to a fixed object where the employees and the public won't bump into them, knocking them over or damaging the hoses and regulators.

The cylinders must be placed so they are not exposed to excessive heat. For instance, don't chain the cylinder to the deep fryer or grill.

- Q) Do I need a fire extinguisher?
- A) YES! All tents with possible ignition sources must have a fire extinguisher. Fire extinguishers come in many different sizes and types. The most common is the ABC rated fire extinguisher. All extinguishers have a UL rating label on them. Read the label and look for the UL certification. It should say "2-A" or larger. A typical size is "2-A 20-BC" or "3-A 40-BC"

The extinguisher must be accessible for immediate use. Don't bury it behind stored items or leave it inside the truck or trailer.

- Q) What is the Type K extinguisher for?
- A) If you have deep-fat frying, such as corn dogs or elephant ears, you must have a Type K in addition to the extinguisher mentioned above! Cooking operations with deep-fat cooking must have at least one ABC type AND at least one Type K.
- Q) I don't deep fry anything. What type of extinguisher do I need.
- A) You need one of the ABC type extinguishers mentioned above. You DO NOT NEED a Type K.
- Q) Anything else about the fire extinguishers?
- A) Extinguishers used commercially must be serviced annually. Be prepared to prove your extinguisher is either new, or has been serviced within the past year.
- Q) Are propane heaters allowed inside a tent?

A) NO! Propane cylinders and the heaters they supply are not allowed inside tents. Consult with the supplier and get the ductwork that goes with the heater. The heating equipment remains outside while the heated air is blown inside the tent by ductwork that goes on the ground, under the tent wall.

INSURANCE REQUIREMENTS

I. HOLD HARMLESS AND INDEMNIFICATION CLAUSE

The Contractor shall indemnify, hold harmless, and defend the Louisville/Jefferson County Metro Government, their elected and appointed officials, employees, agents and successors in interest from all claims, damages, losses and expenses including attorneys' fees, arising out of or resulting, directly or indirectly, from the Contractor's (or Contractor's Subcontractors, if any) performance or breach of the contract provided that such claim, damage, loss, or expense is: (1) attributable to personal injury, bodily injury, sickness, death, or to injury to or destruction of property, including the loss of use resulting therefrom, or breach of contract, and (2) not caused by the negligent act or omission or willful misconduct of the Louisville/Jefferson County Metro Government or its elected and appointed officials and employees acting within the scope of their employment. This Hold Harmless and Indemnification Clause shall in no way be limited by any financial responsibility or insurance requirements and shall survive the termination of this Contract.

II. INSURANCE REQUIREMENTS

Contractor shall obtain at its own cost and expense the following types of insurance through insurance companies licensed in the State of Kentucky. Insurance written by non-admitted carriers will also be considered acceptable, in accordance with Kentucky Insurance Law (KRS 304.10-040). Workers' Compensation written through qualified group self-insurance programs in accordance with Kentucky Revised Statutes (KRS 342.350) will also be acceptable. The Contractor shall not commence work under this Contract until all insurance required under the Contract Document has been obtained and until copies of policies or certificates thereof are submitted to the **Office of Management and Budget**, and approved by the Louisville/Jefferson County Metro Government's Risk Management Division unless a result of an Emergency Declaration by the Mayor. The Contractor shall not allow any subcontractor to commence work until the insurance required of such subcontractor has been obtained and copies of Certificates of Insurance retained by Contractor evidencing proof of coverages.

Without limiting Contractor's indemnification requirements, it is agreed that Contractor shall maintain in force at all times during the performance of this agreement the following policy or policies of insurance covering its operations, and require subcontractors, if subcontracting is authorized, to procure and maintain these same policies until final acceptance of the work by the Louisville/Jefferson County Metro Government (Metro). Metro may require Contractor to supply proof of subcontractor's insurance via Certificates of Insurance, or at Metro's option, actual copies of policies.

- A. The following clause shall be added to the Contractor's (and approved subcontractors) Commercial General Liability Policies:
 - 1. "The Louisville/Jefferson County Metro Government, its elected and appointed officials, employees, agents and successors are added as an "Additional Insured" as respects operations of the Named Insured performed relative to the work performed"
- B. The insurance to be procured and maintained and **minimum** Limits of Liability shall be as follows, unless different limits are specified by addendum to the contract:
 - 1. **COMMERCIAL GENERAL LIABILITY**, via the Occurrence Form, with a \$1,000,000 Combined Single Limit for any one Occurrence and \$2,000,000 aggregate for Bodily Injury, Personal Injury and Property Damage, including:
 - a. Premises Operations Coverage
 - b. Products and Completed Operations
 - c. Contractual Liability
 - d. Broad Form Property Damage
 - e. Independent Contractors Protective Liability
 - f. Personal Injury

- 2. **AUTOMOBILE LIABILITY**, insuring all Owned, Non-Owned and Hired Motor Vehicles. The minimum coverage Liability Limit is \$1,000,000 Combined Single Limit for any one accident. The Limit of Liability may be subject to increase according to any applicable State or Federal Transportation Regulations.
- 3. **WORKERS' COMPENSATION** (if applicable) insuring the employers' obligations under Kentucky Revised Statutes Chapter 342 at Statutory Limits, and EMPLOYERS' LIABILITY \$100,000 Each Accident/\$500,000 Disease Policy Limit/\$100,000 Disease Each Employee.

III. ACCEPTABILITY OF INSURERS

Insurance is to be placed with Insurance Companies with an A. M. Best Rating of no less than "B+ VI", unless proper financial information relating to the Company is submitted to and approved by Metro's Risk Management Division.

IV. MISCELLANEOUS

- A. The Contractor shall procure and maintain insurance policies as described herein and for which the **Office of Management and Budget** shall be furnished Certificates of Insurance upon the execution of the Contract. The Certificates shall include the name and address of the person executing the Certificate of Insurance as well as the person's signature. If policies expire before the completion of the Contract, renewal Certificates of Insurance shall be furnished to Metro at least 15 days prior to the expiration of any policy(s).
- B. Certificates of Insurance as required above shall be furnished to:

Louisville/Jefferson County Metro Government Office of Management and Budget Risk Management Division 611 West Jefferson Street Louisville, Kentucky 40202

- C. CANCELLATION OR MATERIAL CHANGE OF COVERAGE: Contractor shall notify Metro's Risk Management Division of any policy cancellation within two business days of its receipt of same. Upon any material change (changes that reduce/restrict limit or terms and conditions to your insurance coverage) in coverage as required above, Contractor shall notify Metro's Risk Management Division within two business days. If Contractor fails to notify Metro as required by this Agreement, Contractor agrees that such failure shall be a breach of this Agreement. Metro reserves the right to require the insurance policy(s) required above to be specifically endorsed to provide notice of cancellation and/or material change of coverage in accordance with policy provisions. When requested by the Metro Government, a copy of the policy endorsement shall be provided to Metro's Risk Management Division.
- D. Approval of the insurance by Metro shall not in any way relieve or decrease the liability of the Contractor hereunder. It is expressly understood that Metro does not in any way represent that the specified Limits of Liability or coverage or policy forms are sufficient or adequate to protect the interest or liabilities of the Contractor.



LOUISVILLE METRO REVENUE COMMISSION

P.O. Box 35410 • Louisville, Kentucky 40232-5410
Telephone: (502) 574-4860 • Fax: (502) 574-4818
www.metrorevenue.org • TDD: (502) 574-4811 • taxhelp@metrorevenue.org

REGISTRATION APPLICATION FOR TAX ACCOUNT NUMBER

* According to an opinion of the Kentucky Attorney General (OAG 85-1), and pursuant to Kentucky "Open Records Law", responses entered for Lines 1, 2, 7, and 9 are to be provided to anyone upon request. *

Everyone subject to the Louisville Metro Occupational License Tax must <u>complete</u> and <u>submit</u> this application to the Louisville Metro Revenue Commission to be assigned a tax account number.

PLEASE TYPE OR PRINT CLEARLY.

Full legal name (first, middle, and last) of the individual, corporation, partner	·			
2. Trade name of business (if different than name entered on Line 1):				
3. Check your "federal" business entity type:				
Sole Proprietor/Individual – Will submit Schedules C, D, E, or F of Federal Form 1040; or Federal Form W-2; or Federal Form 1099-MISC	Corporation – Will submit Federal Form 1120 Attach name, home addresses, and SSN of corporate officer(s)			
Partnership Will submit Federal Form 1065 and its Schedule K <u>Attach</u> name, home addresses, and SSN of all partners	☐ S-Corporation – Will submit Federal Form 1120S and its Schedule K Attach name, home addresses, and SSN of corporate officer(s)			
4. Check if your business operates as an: ☐ Association - Attach IRS authorization ☐ Non-Profit Organizat	ion - Attach IRS authorization Professional Employer Organization			
5. If you are an Individual/Sole Proprietor, enter your Social Security Number:				
6. If you are a Partnership, Corporation, S-Corporation, or Sole Proprietor with	employees, enter your Federal Tax ID Number			
7. Describe the type of work you are doing or the business activity you are cond	lucting:			
8. Mailing address for tax forms and correspondence	9. Your primary business address			
Street Address:	Street Address - (Do not enter a P.O. Box):			
City, State, Zip Code (Provide all 9 digits, if known):	City, State, Zip Code (Provide all 9 digits, if known):			
Email Address:	Email Address:			
Day Phone: () Fax Number: ()	Day Phone: () Fax Number: ()			
Check here [] if you want tax forms sent to the address entered in Question 8.	Tax forms can be found on our website, www.metrorevenue.org.			
10. Your Louisville Metro, Kentucky, business address	11. Your home address (Individual/Sole Proprietor accounts only)			
Street Address - (Do not enter a P.O. Box):	Street Address - (Do not enter a P.O. Box):			
City, State, and Zip Code (Provide all 9 digits, if known):	City, State, and Zip Code (Provide all 9 digits, if known):			
Day Phone: () Fax Number: ()	Day Phone: () Fax Number: ()			
12. Provide the current tax year end, if not December. (Must be the same as "federal")				
13. Date business started, or will start, within Louisville Metro, KY.				
14. Date income was earned for work performed within Louisville Metro, KY, with <u>no</u> local tax withheld.				
15. Has your business activity stopped within Louisville Metro, KY? If yes, enter stop date.				
16. First date you paid or anticipate paying employee(s) for work in Louisville Metro, KY. (Do not include "contract labor")				
17(a.) If you obtained the business from a previous owner or your business entity type changed, enter date of acquisition/change.				
17(b.) If a business acquisition or a change in organization/business entity type	occurred, provide the following:			
Name of Previous Owner or Organization Former	Trade Name (if any) Account Number			
	Title: Date:			
Applicant's Signature				
Applicant's Name (print)	OFFICE USE ONLY Account Number Assigned			